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MISCELLANEOUS.

Acute Rheumatic Fever.

BY IDA C. BARNES, M.D., TOPEKA, KAS.

Read at the March meeting of the Topeka Academy of Medicine and Surgery.

Acute rheumatic fever is characterized by constitutional disturbances, in the form of a rise of temperature with its concomitant symptoms; and local manifestations, expressed by more or less pain, tenderness and swelling of one or more joints of the body not due to local injury or disease.

Clinical experience has established the fact that a low tone of vitality, a season of rain and dampness, a sudden change from high to low temperature, needs only the exposure of the individual to this triune of elements to precipitate an attack of rheumatism in those not immune to this form of disease.

Statistics also show that in about twenty-seven per cent. hereditary tendencies to a rheumatic diathesis are present.

Science, with a keen eye, has long been searching for some chemical product capable of producing such local and constitutional irritation under favorable conditions.

This chemical product is not of necessity a foreign substance to the human economy, although it may be; but an over-production or non-elimination or a failure of chemical change of some substance, normally produced in the stages of assimilation and disintegration, which may accumulate where the tissues are poorly supplied with the circulating medium.

Uric acid, non-oxydized urea, is found in excess not only in the urine, but also in the fluids of the body preceding a rheumatic storm.

Dr. A. Haigh, in the *London Practitioner* for February, 1892, offers the following theory with regard to uric acid in acute rheumatic fever, which I will give in substance as follows:

1. Uric acid is less soluble in those organs of the body where fluids are less alkaline.

2. The liver, spleen, cartilages and fibrous tissues of joints are less alkaline, hence those tissues are first effected, uric acid is rendered insoluble and retained in them.

3. The uric acid causes irritation, which goes on to inflammation, proportioned to amount of concentration and time it acts upon the tissues.

He also claims that the uric acid accumulated in special localities will diminish the quantity normally found in other portions of the body, and that the urine will be less acid.

The more reasonable explanation is: that an over-accumulation of uric acid from lack of oxydization produces these untoward results, while the urine as determined by repeated examinations is very acid unless reaction is changed by alkaline treatment.

Lactic acid, a product of tissue change, formerly known as sarcolactic acid, as an irritant factor, has also its adherents.

After excessive exercise there is an accumulation of this product in muscle tissue, and the blood which under the pressure of the exhaustion following and a sudden cooling off of the body on a damp, cool day, acts as an irritant to the tissues where it accumulates.

Later the microbe hunter turned his microscope upon the serum of rheumatic joints in the hope of isolating some microbe peculiar to the disease.

He has also dropped the serum into vari-

ous cultures and watched patiently for the appearance of some new colonies of micrococci or bacilli, but so far in vain; and few of the medical profession are yet ready to accept the pathogenic germ known to be the cause of suppuration, the staphylococcus pyogenes albus, as the true germ of rheumatism or ascribe to its ptomaines the source of irritation in this disease, still less give preference, as has been done by Hermann Sahli, of Bern, to the staphyloccus citreus found abundantly in the serum effusions of a young girl fourteen hours after death from acute rheumatic fever.

Without doubt science in the near future, following most carefully and methodically every line of investigation, will determine whether rheumatic attacks are due to some chemical product resulting from imperfect assimilation of food or rapid disintegration of tissue, or the infection from ptomaines imbibed from retained excretions, or whether a specific microbe thriving under certain conditions of atmospheric temperature and humidity is more active and virulent and able to overcome individuals with inherited tendencies and debilitated constitutions.

Dr. A. E. Garrod, in the *British Medical Journal*, calls attention to the great loss of red blood corpuscles early in the attacks.

This seems to bear no relation to the temperature curve, and upon convalescence the red blood corpuscles are rapidly restored.

There is also a considerable increase of white blood corpuscles but hardly a leucocytosis, being only five or six times greater than normal.

With regard to symptoms, the fever may precede for twenty-four to forty-eight hours the joint pains, although usually the pain first attracts the attention.

One joint or more may be involved for a period of three to four days, when all pain and tenderness disappears to reappear in some other portion of the body, and so on until all the principal joints have been affected when again it may attack the joints originally the seat of trouble and begin a fresh invasion, or remain more or less permanently in certain sets of joints.

Relapses may occur prolonging the attack, although usually convalescence begins in from ten to thirty days, the more robust the individual the shorter the duration.

The temperature ranges from 101° to 103° unless cerebral symptoms arise, when it may go up to 107°, or even 111°, preceding death.

The pulse may be tense and bounding, or abnormally slow should pericarditis, endocarditis or myocarditis exist, involving the inhibitory nerves of the heart and thus stimulating them.

Often acute rheumatic fever is preceded by an attack of tonsilitis due to a rheumatic storm which later involves the system, or to cold and exposure, thus depleting the system and placing it in position to be overcome by the baleful influences of this disease.

The most frequent complications are pericarditis and endocarditis.

The crippling of any organ of the body may become a complication, and very frequently the stomach is deranged, preventing the proper assimilation of nourishment.

The urine is overloaded with urates, and the specific gravity averages from 1025 to even 1035 and the quantity excreted is small.

Different skin eruptions of mild nature occur often, and rarely, peculiar rheumatic nodules are present about the joints—particularly those most exposed to the air, the wrists and fingers, ankles and knees.

In appearance they resemble a small boil in its earlier stages, usually about the size of a half hazel nut, red and indurated, slightly painful to touch, the joints in the vicinity being quite stiff during the acute stages of the disease, but later the nodules become the only traces left of the attack.

They come out in crops coincident with a new exposure to cold or renewed attack of indigestion, remain a few days and gradually disappear.

The treatment of acute rheumatic fever consists of putting the patient to bed between woolen blankets, dressed in flannel underwear from neck to toes, in a room well ventilated, with a temperature ranging from 70° to 75°, as most agreeable.

Every organ of elimination should be

stimulated to increased activity.

The digestive process should be favored by light diet, preferably milk, plain or peptonized.

For the rheumatic diathesis the salicylates and their deriviatives are coming more and more into favor.

Salicylate of soda given in ten and five-grain doses every two hours produce an alleviation of pain often quite remarkable.

If, however, the attack is prolonged, sooner or later it will produce an irritation of the stomach, and can most beneficially be superseded by salophen, which is absorbed into the system in the intestinal tract after a resolution into its component parts, salicylic acid and acetyle-para-amido-phenol.

This latter statement is made upon the authority of Siebel, of Berlin. Other authorities do not agree, saying that the decomposition occurs in the stomach. But be that as it may, it undoubtedly, as proven by clinical experience, is much less irritant than the salicylates.

I have found that alkalies given in sufficient quantities to keep the urine alkaline relieved my patients of local irritations which the salicylites did not, and also that I could give less of the latter by combining the medication.

I have used simple alkalies, bicarbonate of soda and liquor potassi, given at different hours in the milk.

Bicarbonate of soda will often prevent the irritable stomach caused by the salicylates.

Quinine as a tonic and antipyretic aids in the efficiency of the treatment.

Local treatment for the joints relieves pain temporarily, such as chloroform liniment containing oil of gaultheria, ammonia liniments or any other counter irritant or sedative combination.

Cloths wrung out of hot water are efficient and also cotton padding for protection from cold.

None of these, however, take the place of constitutional treatment.

There are many other drugs much used with much benefit as salol, salipyrin, phenacetin, antipyrin, with which I have not had much experience, so do not speak of in detail.

For cerebral complications nothing takes the place of cold water when the temperature runs up to 107° and 110°.

If you will pardon personal experience I will relate briefly my own symptoms from a subjective standpoint.

I have had two attacks within three years. The first occurred in the Autumn of 1890, being preceded by a year of hard college work and this followed by six months hospital service as resident physician without vacation.

Four months ward duty unrelieved by even a few minutes outdoor exercise a day during the heated months of the year, in a large city, could not fail to debilitate; then came a term of out practice during the Autumn months and exposure to the inclemency of the weather night and day, added to this a room insufficiently heated from a defective furnace pipe and a few days of cold rainy weather completed the chain of circumstances, resulting in a tonsilitis of not severe type, which did not compel rest in bed, nor prohibit the usual routine of duty, although I remember that I did not feel very well.

A week later being transferred to indoor work in the maternity department, I still felt somewhat indisposed and noticed a stiffness of the joints not very great and not sufficient to incapacitate for work, although I rested all I could and felt some weakness from loss of appetite. Another week passed in which the stiffness and weakness kept increasing, while the perversity of human nature I suppose prevented me from asking the doctors to diagnose my case. I still thought I would get along without medicine.

But the day came when I was asked if I did not have fever, and when I replied that I did not know, a nurse was detailed to find out. My temperature was 102°.

It is needless to say I was ordered to bed, put upon the salicylates and phenacetin, given milk alone for nourishment and steam baths to relieve the pain. The latter were so debilitating that after trying them three or four days they were forced to discontinue their use.

I should say that for a week or more be-

fore the rheumatic nodules, which I have since become so familiar with, appeared on the forehead along the line of the hair, on the wrists and elbows, knees and ankle joints.

I feared that I was coming down with varioloid, contracted in some of the slums I had visited in my work, but thought if the doctors could not find it out I should not tell them—such is the effect of sickness upon the moral stamina of the individual.

The attack was of severe type, the pain and stiffness being more or less permanent in the joints originally affected.

After the first week in bed, dressed in heavy flannel underwear and between woolen blankets, with the joints wrapped in cotton, the temperature became nearly normal; but the great depression of the entire system was hard to overcome even after weeks of care and treatment.

Two months after the beginning of the attack of tonsilitis I was ready for work again.

There were no sequellæ except a predisposition to indigestion.

Exactly two years later, after an exceptionally heated Summer spent in Topeka on Kansas avenue and a ten day's trip to the World's Fair in which I saw everything worth seeing, and came home looking as though I was recovering from a season of illness. I tramped about the city through a heavy November rain and sat down, I suppose, in damp clothing, although I did not notice it at the time.

A day or two later I was seized with a hard chill in the night, which did not discommode me seriously, but the next morning had no appetite, while my throat gave me a little pain.

Made some calls and came back to the office about 10 A.M.; fainted while trying to answer the telephone.

Then spent the rest of the day in bed and next day decided to keep office hours.

During the day a fellow practitioner came in on an errand and I asked him to examine my throat, thinking there was not much trouble.

Finding the tonsils covered with large patches of white membrane, led to further examination of constitutional symptoms which revealed a rapid pulse and considerable rise of temperature.

Forthwith I was ordered to bed and stayed there for a week.

Under appropriate treatment the inflammation of the tonsils disappeared, the temperature subsiding and the appetite increasing I began to get about the room.

Thanksgiving day I went across the city home for Thanksgiving dinner, of which I partook rather sparingly.

The draughts about the house, although furnace heated, annoyed me and I kept complaining of the cold.

Decided to remain at home until I was able to resume practice.

Next morning felt some pain in the back of my neck and the larger joints, but later in the day was about the house. The following morning I decided it were better for me to stay in bed and for the first time began to fear a rheumatic attack.

Did not leave my bed then for nearly four weeks and was not able to sit through the dinner New Year's day.

Woolen blankets, heaviest of flannel underwear, furnace and grate heat, with temperature of room from 75° to 80°, sufficed, in addition to medicinal treatment, to keep me comfortable.

If the temperature of the room went down a degree or two I knew it, and if it reached 85° I suffered from suffocation.

The stomach also became irritable, so that the salicylate of soda first given was changed to salophen, and even this, when continued several days, upset the digestive process, which was made as easy as possible by giving predigested milk alone.

After the first week the temperature did not go above 99½, and the same complete exhaustion existed that had prevailed two years before.

The joint pains came and went; but only the larger ones were affected, with the exception of the fingers.

The rheumatic nodules again appeared and continued to return with every fresh invasion of rheumatism or new attack of indi-

gestion.

After this attack my shoulder gave some trouble for several months, and I could not get about very easily when I resumed practice, and my tongue failed to clean off for over six months; however, carefulness with regard to diet, overwork and exposure has tided me through another year, and in good condition.

I have given this report in this way because we, as physicians, so often fail to sympathize with the patients, and also to show how unsuspecting the victim of disease is with regard to his true condition, even when properly educated.

I want again to call attention to the fact that previous to each attack I had neglected to put on my heaviest winter flannels up to the middle of November. I had allowed myself to become overworked without proper recreation. The digestive organs were not in good condition, and then I was subject to all the dangers of autumn storms and to insufficiently heated rooms after, while resting in damp clothing.

REMEMBER that we will furnish you the JOURNAL for one year and Helbing's Modern Materia Medica for $2.50.

The Resorcin Test.

Medical Review.

The resorcin test for the detection and quantitative estimation of free Hydrochloric acid in the gastric juice, as prescribed by Julius Friedenwald, is as follows:

The clinical value of estimating the amount of free hydrochloric acid in gastric fluid renders it important that the simplest and most reliable tests should be better known. Gunzburg's phloroglucin. vanillin test, consisting of phloroglucin 2.0, vanillin 1.0. alcohol absol. 30.0, is the one commonly used.

In 1888 Boas first published the report of this reagent, consisting of resorcin resubl. 5.0. sacch. alb. 3.0, spiritus dilut· 100.0, and he claimed for it an accuracy equal to Gunzburg's test. Boas' reagent also reacts only to free hydrochloric acid, and never to organic acids. The reaction is carried out as follows:

A few drops of the solution are heated in a porcelain dish with an equal quantity of gastric filtrate to complete evaporation; a red mirror is produced when free hydrochloric acid is present. The accuracy of either test is about equal. Results sufficiently accurate for all practical purposes may be obtained with either, but the following advantages are claimed for the resorcin test:

1. Phloroglucin is quite unstable and frequently decomposes. The resorcin may be kept for years in a dark-colored bottle without undergoing decomposition or in any way losing its sensitiveness.

2. Resorcin can be had for a trifling expense, while phloroglucin-vanillin can only be purchased at a considerable cost.

Yet for some reason Boas' reagent has never gained the popularity it deserves

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PASSENGER DEPARTMENT.
TOPEKA, KAS., March 16, 1895.

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Topeka, Kansas, Saturday, March 30, 1895.

Commencement.

The fifth annual commencement exercises of the Kansas Medical College were held in the Topeka high school building Thursday, evening, March 28. The house was well filled and the audience intelligent and appreciative. After a few remarks pertaining to the growth of the college, Dr. J. E. Minney, master of ceremonies, introduced Capt. J. G. Waters, who delivered the annual address. He said:

"The coming of the early settlers to Kansas was something never equalled in history. Those pioneers left comfort at home and came to a wilderness. The troubles of the early days are but household tales to us. To add to the feeling of free speech and free manhood came that chivalric struggle on the battle field of the South. On the call for troops the number of men on the muster rolls of Kansas troops exceeded the census of fighting men in the State. It was that which brought out John Brown and similar men. If there is anything in heredity, where in history were there greater opportunities than in Kansas?

"It is but a sequence to this that a city of this kind can boast of an institution of peace like this. It was a people like this that made prohibition, whether a failure or a success, a possibility. We owe much to the State, and much is expected of an institution that will wave our flag or turn out a class of graduates. It is neither egotism nor selfishness that upon the rostrum of the high school of Topeka I say that there was never a race so courageous or intellectual as our Kansas people.

"I don't believe in altruism. In this age that is only fit for a winged monster. We need a loyalty, a love for our State institutions that in the past we have not had.

"We send children to Heidelberg to become physicians. We do lots of unexpected things, but there is one I clamor for, and that is patronage of home institutions.

"A professional man from Kansas has a right to stand as a peer to any man from anywhere. I have a great regard for your future profession. It has never sought the aid of the patent office, but when a doctor makes a discovery he hastens to place it before the public. I honor the State for having such a medical college, and inversely I honor the college for having such a State."

Dr. S. G. Stewart delivered the faculty address, which was as follows:

Mr. President, Gentlemen, Ladies, and Members of the Graduating Class—In behalf of the faculty I speak to you to-night concerning that profession to which you have dedicated your lives. I come to you from the practical walks of the medical profession to bid you welcome at the threshold and Godspeed on your journey. I congratulate you on your character as students. You have in your progress thus far formed habits

of study that will serve you well in the future. We have watched over you with an almost paternal solicitude, and have pointed out the way through your difficulties until you see the way and are prepared to walk therein.

It is said of the lioness that she leads her young into the wilderness and leaves them alone. The gnawings of hunger, the pelting of the pitiless storm, the desolateness of absolute savageness are the incentives that drives them on to become monarchs of the forest. So your teachers have led you in the paths of pleasantness and peace up to this time, and we now leave you on the edge of the field of your life work. You have been taught the duties and responsibilities, you havebeen shown the prizes of the profession; your future is your own, and whether you are to be successful or failures depends upon yourselves. The ascent is rugged, steep and thorny. The temptations that will assail you are many, and the success is uncertain.

What are the elements necessary to success? I answer, courage, discipline and honest seeking after truth. Courage is a quality without which success is impossible. There is no place in medicine for the coward. The watchword of the physician should be "duty," and he or she who would shrink when duty calls will be sent to the rear as worthless. There are occasions in the life of the doctor that calls for the highest form of courage, courage as great as that of the soldier of the line when called by the bugle blast to the charge. The doctor performs his work alone, often amid the most discouraging surroundings, with no encouragement except from within, in the consciousness of duty done; I can say of you that thus far your faithfulness gives promise that you have this quality. The history of armies has proven that the highest form of courage, undisciplined, when the trial of battle comes can only result in defeat. So it is with the individual. To succeed the mind and body must be disciplined. It is the office of the schools to develop and discipline the mind to give that control over their mental faculties which will enable them to accumulate knowledge. These advantages you have had. All the training of the past years has been for the purpose of preparing you by your struggles and studies for your life work, and if the discipline has been as good as your work with us indicates, then, with honest purpose as seekers after truth, you are well equipped. And now this part ends, and we are here to-night to bestow upon you the reward so long sought and well earned. You have a proper feeling of exultation because of the honor you are to receive, and if these rewards serve as a stimulus to renewed and greater effort, we congratulate you.

It is said of that mysterious thing we call time that it is divided into three periods—yesterday, to-day and to-morrow. The ancient statue of Janus, so often misinterpreted, represents one face looking with pensive satisfaction into a well spent past; the other into the future, giving to the beholder a face transfigured by hope; this is unity in diversity. "The goddess of yesterday is Memory; of to-morrow, Hope." Who can describe these periods? Hope has the worship of the race. Poets for her have sung their sweetest songs, and when other shrines are forsaken, Hope's altars are covered with flowers. When the seven classic philosophers were holding a banquet, this question was asked, "What is the most universal possession?" The answer was Hope, for he that has nothing else has hope. So, my friends, this priceless treasure is yours; hold it fast. It is the anchor of the soul, and, if connected by the warp and woof of memory, with the accumulated knowledge you may have—ah! that you should have—it will be a safe, sure anchor.

The school child that stands in the class room and gives a geographical description of the surface of the earth tells of the climate, of the soil, of the animals and minerals, of the fruits and flowers, presents to us the gathered wisdom of the centuries behind us. The astronomer who gazes into the heavens, counts the number of the stars, tells us of the size and weight of planets millions of miles distant, foretells the return of comets and eclipses to the moment of time, represents to us the wisdom of the centuries behind us. The songs we listen to

with delight, the exquisite harmony of sounds, the wonderful range of the human voice, the skilled touch of the master upon the keys that thrills our hearts with pleasure, the songs of home and country that we love so well, represent all the sentiment, the patriotism, the love, the sorrow, and the joy of the centuries that are behind us.

The knowledge that you may have of medicine or that is within your reach represents the gathered wisdom of the past. The history of medicine is a mirror of the evolution of humanity, and the science involved one of the crowning glories of our race. It would be interesting to speak of the methods that have been peculiar to different ages and compare them with to-day, but whatever great advantages we may enjoy must not cause us to despise or condemn the work of those who have preceded us. "The intellectuality of this century must own its obligations to the mistakes and failures which antedated the birth of Christ." We recognize that our rapid advancement in knowledge is largely by our interchange of thought through the medium of the press, and the rapidity of travel. The call of to-day is for facts. The day for the founding of schools of medicine upon men or theories has passed away forever.

Over in New Hampshire, in the shadow of her hills, on the banks of the Connecticut, there is a grave of one of the fathers of medicine. It is marked by a small white stone bearing no inscription but this: "The disciple of no man." What should be the motto of the medical student? I answer, "Loyalty to truth," and Pilate said unto him, "What is truth?" This question is being answered every day. It is truth that increases our knowledge, that lengthens our lives, that gives us our friends, and as truth is added to truth, so is every blessing we enjoy and our measure of happiness filled. "As for truth, it endureth and is always strong; it liveth and conquereth forever more." Truth has nothing to do with traditions and fancies. In all departments of human knowledge we see how the Creator has, through what we call evolution, been leading us.

"There were giants in those days." One Ambrose Pare, a disciple of no man, but defying the authorities and teachings of more than ten centuries, an example for all that were to follow him, *tied an artery*. He became a leader of the honest doubters in medicine, and to this form of skepticism we owe much of the truth that we are in possession of to-day. Not doubting for the sake of argument, but searching to strip everything of the false, securing the freedom of the true, for truth alone can make us free, and has revealed to us "that man is not an accident of undetermined forces, without plan or subject to law," but that he is the crowning glory of infinite wisdom. A machine of marvelous intricacy, yet subject to and obeying the laws of his being with the same certainty as the sun holds his attendant planets on their unchanging way. Time would fail me were I to speak of all the great souls that have led the way through the darkness up to this marvelous light, and thrice blessed are we, whose lot it is to see this day, and you that you are members of a profession which is pre-eminently "devoted to practical benevolence, and which with unwearied energy pursues from age to age its endeavors to lessen human sorrow." We have touched on some of the salient points, and now let me speak a moment concerning women in medicine. Two members of this class are women. It is well known that while women have been the political constitution of the world disfranchised, that it is to their sex society owes most of the beneficent laws that bless mankind. She has been the force restrained, because of physical inequality, but as the light of knowledge has increased, and mind become superior to strength of muscle, so has woman's kingdom increased. We see her in all the positions to which our civilization has called her, filling them with gentle grace and blessing. And no less in medicine; her tender sympathies, under the discipline of the schools, becomes a power for good in medicine. Her intuitions strengthened by culture are almost unerring. Within my own recollection I have noted the influence of the medical woman refining the medical man. The difference between the medical colleges of to-

day, where women are admitted, and of the olden time, where they were denied admission, is very great, and without going into details, is a strong argument in favor of the admission of women. But arguments are unnecessary; the battle has been fought and the victory won, and woman has her place in medicine as secure as the everlasting hills.

And in conclusion I give you this exhortation: Fill your souls with knowledge, bathe in it as in the ocean. Cast not aside as worthless these golden days. Think of these lines:

> Break, break, break, on thy cold gray rocks, O Sea,
> But the tender grace of a day that is dead,
> Will never come back to me.

Let your prayer not be for the things which perish with using, but let it be for wisdom, that you may be better able to perform your mission and receive the reward of lives spent in the service of those who suffer.

There is a jewish legend in the Hargahdale which tells that Abraham wore upon his breast a jewel whose light raised those who were bowed down, and healed the sick, and that when he died it was placed in heaven, where it shone among the stars. Countless are the men and women of our calling, of all countries and creeds, who have worn next their hearts the Patriarch's jewel of light. May it be yours to wear this jewel also. "And now, in the name of the faculty farewell—a word that has been and must be, a sound that makes us linger; yet, farewell."

Chief Justice A. H. Horton, president of the college, conferred the degree of Doctor of Medicine upon the following persons: George Elliotte Noggle, Willis Dana Storrs, Frances Rowley, Charles H. Gillman Crowther, Joseph Harry Hindman, Emma Linton Hill, Ernest Wilson Minney, Guy Austin Tull.

The exercises were interspersed with vocal and instrumental music through the kindness of some of Topeka's musical artists.

THE BANQUET.

After the close of the usual exercises the faculty and alumni, with their ladies, adjourned to the Copeland hotel, where a nice repast was served. During the evening the following toasts were responded to:

S. E. Sheldon, M.D., toast master.

Music.

Invocation, Rev. M. F. McKirahan.

"The Alumni of the Kansas Medical College"—Responses by Harriet E. Adams, M.D., and by R. E. Buckmaster, M.D.

"The Class of 1895"—Responses by Emma Linton Hill, M.D., and Austin G. Tull, M.D.

"From a Neurotic Standpoint"—Response by W. S. Lindsay, M.D.

"From a Medico-Legal Standpoint"—Response by Hon. A. H. Horton.

"As Seen Through the Ophthalmoscope"—Response by J. E. Minney, M.D.

"As You See It Physiologically"—Response by R. S. Magee, M.D.

"Laryngoscopic Views"—Response by W. E. McVey, M.D.

Society Meeting.

Program of the East Kansas Medical Society, Topeka, April 9:

1. Reading of minutes of last meeting.
2. Reports of officers.
3. Election.
4. President's address.
5. "Report of Some Obstetrical Cases"—W. S. Pickard, M.D., Burlingame, Kas.
6. "Melancholia"—M. Morgan Cloud, M.D., Topeka, Kas.
7. "Sarcoma of the Ovaries"—A. H. Cordier, M.D., Kansas City, Mo.
8. "School Hygiene"—Agnes McKee Wallace, M.D., North Topeka, Kas.

DR. J. N. SCOTT, the popular instrument dealer of Kansas City, has moved his place of business from 920 Main street to 412-14 New Ridge building. Mr. Scott is a pusher in his line, as is indicated by the necessity for larger quarters.

Alumni Meeting.

The Alumni Association of the Kansas Medical College met in the reception room of the college at 9 o'clock A.M., March 29.

The following officers were elected: J. L. Gilbert, M.D., president; Frances Storrs, M.D., '93, E. E. Evans, M.D., '94, and W. D. Storrs, M.D., '95, vice-presidents; Agnes M. Wallace, M.D., '93, secretary; and F. H. Batty, M.D., '93, treasurer.

A prize of $10 offered for the best written report of the clinics seen in the college was awarded to Dr. Emma L. Hill, '95.

Several case reports were made by members of the association. One of the most interesting features of the meeting was the reading of letters received from members unable to be present. Dr. J. M. Frankenburger, '93, writes from Catskill, N. M.:

From the land of the Greaser and the tortilla, of the coyote and the burro, do we write this little missive to the alumni of our beloved alma mater to extend our congratulations and best wishes.

Away out in this mountain district where the majority of the inhabitants speak another language than our mother tongue, it sometimes seems as though the three years we spent at the Kansas Medical College were but a dream, and the fellow students as specters seen in our sleep. But when we pick up our old Gray's Anatomy and survey its dingy covers and look at the finger-begrimed pages, then does the past come clearly before our eyes, and the old dissecting room comes into view, together with our never-to-be-forgotten comrades who worked with us many an hour in the search for knowledge.

This is truly a country of great and varied experience and but little money. The rides are long and the dollars scarce, and the doctor has to carry almost all of his medicines, as it is too far to send to the drug store. There are but few consultations, and when you go to visit a patient and find any kind of an operation necessary, there is no sending for help, no looking for skilled assistants; it is, as they say out here, a case of "pushency," and what is to be done must be done then and there, and single-handed; everything from setting a fractured femur to probing for a bullet in a drunken patient.

The industry of the place being confined to saw-milling and work in the timber, the accidents are numerous, and hardly a day passes without a wound to dress or a fracture or dislocation to reduce.

When we were attending college and had opportunities to witness an average of one laparotomy a week, we thought we had seen enough to last us for some time. Yet but a few weeks ago we rode thirty miles to see one, and it was not a warm day either.

Although we are a little ways removed from the path of civilization, do not think we have fallen behind the procession, for we take the Topeka *Daily Capital* and the KANSAS MEDICAL JOURNAL, and have we not read "Trilby?"

To the recently graduated students we would extend the right hand of fellowship, with the wish that occasionally they may find a rose in the thorny path they will have to travel.

To the other members of the alumni, our old college mates and the faculty, we wish you all a hearty godspeed, and close, hoping some time to be with you at the annual meet.

Dr. J. A. Dillon, '93, writes from Grangeville, Idaho:

Having in mind the words of Grover Cleveland, "Go west, young man," I left the quiet little hamlet, of Osborne, Kas., one year ago and came to Idaho with the avowed intention to do or bust. I may here add, I have done neither. I located in this city of Grangeville, situated in the Bitter Root mountains, a spur of the Rockies, ninety miles from the nearest railroad. I found considerable competition, but to a graduate of the Kansas Medical College (as I suppose you have discovered ere this) the more competition the greater the success. But practicing medicine in this country is not so pleasant as it might be. It is a great share mountain traveling, and considerable snow shoveling. When you city practitioners are bowling along over the smooth as-

phalt pavements with your colored coachmen, please think of me stubbing along the brow of some rocky precipice with set teeth, a pound of magnesia sulph. in one pocket, and in the other one of Dr. Schenck's ℞'s for disinfecting. I have had a number of surgical operations this last summer and winter, and have met with very fair success. What mistakes I have made are buried and trouble me not.

Morbid Anatomy of Lungs After Influenza.

Practitioner.

Louis B. Hayne, of St. George's Hospital, London, discusses the various pathological changes visible to the naked eye in the lungs of victims to the recent epidemics of influenza. The mortality of influenza seems to be mainly due to involvement of the lungs, the deaths from the virulence of the febrile attack and from implication of the digestive tract being comparatively few.

These pulmonary complications were fatal not only to the young and the aged, but also to adults in the prime of life, death generally occurring about the tenth day after the onset of the disease.

In the cases of pneumonia occurring in influenza, the peculiar smooth aspect of the consolidated lung noted by Ribbert has been frequently observed in the deaths from recent epidemics, alone as well as with associated areas of broncho-pneumonia.

The solid lung often appears to be composed of a number of patches of broncho-pneumonic consolidation, these patches having run together and involved the entire lung, suggesting the appearance of a confluent broncho-pneumonia rather than that of the croupous variety of pneumonia.

Some lungs, on the other hand, show the results of ordinary lobular pneumonia, this condition being observed in early adult life quite as frequently as in youth or old age.

Broncho-pneumonia, rare under ordinary circumstances in an adult, except cases of septic origin, is by no means uncommon as a complication of influenza, but the confluent type just referred to is even still more common. This is often found in the same lung in conjunction with a red hepatization the gray, isolated patches of consolidated lung-tissue around a small bronchus contrasting very plainly with the uniform red and congested appearance of the remaining tissue. These patches often seem to originate in the posterior borders, and thence to spread to the apices and sides, so as eventually to involve the whole lobe. In other cases the apices are the parts first affected, apial pneumonia being more frequent than any other condition in influenza.

In some cases pale patches of broncho-pneumonia have been found scattered throughout the lung, suggesting at first sight tubercle of the military type. Under the microscope the small bronchi are seen filled with fibrinous plugs; the cells lining the bronchi have undergone proliferation, some having escaped into the lumen of the tube; the alveoli in the neighborhood are crowded with catarrhal cells, and the blood vessels in the surrounding tissue are dilated and crowded with corpuscles, some of which appear to have escaped from the vessel walls into the pulmonic substance. These patches are distinct around each bronchiole, but run into one another at the periphery. The distribution is thus broncho-pneumonic, while the character of the exudation resembles that met with in lobar pneumonia. As in broncho-pneumonia, the localized patches of consolidation are accompanied with collapse of the neighboring lung tissue, due to a similar cause, viz., the blocking up of the bronchioles with exudation and the consequent removal of the air from the alveoli in communication with the bronchioles at fault.

Localized patches of pleurisy, characterized by adherence of the pleural surfaces to each other by means of recent lymph, are also frequently present, and arise from an extension of the inflammation from the superficial patches of consolidated lung tissue. Pleural effusion is rare, not one case being found among the records of post mortem examinations at St. George's hospital during the recent epidemics of influenza.

Besides the capillary bronchitis, which generally terminates fatally, inflammation of the larger tubes is very common. The bronchi are found to be congested, their inner walls often being covered with thick, tenacious mucus; as a rule, the large tubes are not so deeply congested as the smaller ones. They are usually filled with mucopus, and in some cases are so distended with purulent secretion that on being cut across they look exactly like small abscesses, varying from the size of a pea to that of a pin's head. The whole thickness of the bronchial wall is considerably softened, accounting for the dilatation of the tubes so often present. Occasionally the walls are so dilated that a condition of acute bronchiectasis is simulated. The dilatation involves the whole length of the tube, but more markedly its terminations, being thus of the cylindrical variety. Clinically, however, the typical symptoms of bronchiectasis are not manifested, though the expectoration may be very profuse. The contents of the tubes are not always muco-purulent in character, but are sometimes quite fibrinous or membranous.

In most cases there is present not one of the conditions just described, but a number of them. One lobe may be in a state of solid, gray hepatization, another may be studded with disseminated patches of consolidation of varying sizes, while at the same time the bronchial tubes may present any of the morbid conditions above noted.

THE program for the meeting of the State society is now complete, and from appearances it will be an exceptionally interesting one. The subjects are all well chosen and the authors are among the best men in the State. In addition to the regular membership some distinguished men from abroad have been requested to be present and furnish reports. We will publish the program in full in our next issue.

REMEMBER that we will furnish you the JOURNAL for one year and Helbing's Modern Materia Medica for $2.50.

Belfield's Warning Against Castration for Prostatic Enlargement.

Medical Mirror.

The recently introduced treatment of prostatic enlargement by castration has been having an uninterrupted inning. It seemed for a time that the long suffering and frequently unsexed female was likely to secure satisfaction in contemplating the retribution which was being directed against her mutilator.

If the prostatic enlargement was to be cured by castration, why not various other ills as well?

Dr. Wm. T. Belfield, the eminent specialist in genito-urinary work, of Chicago, in a recent communication to the *Journal*, utters the most pronounced note of warning, as follows:

To the Editor: Permit me to utter through your columns a warning against promiscuous castration for prostatic enlargement. The operation is so easy and the relief afforded sometimes so great, that some seem to have forgotten the existence of other means to the same end. In several of the nineteen cases already reported, it would seem that complete relief should have been afforded by a simple incision or simpler puncture, or perhaps even by a catheter in a practiced hand.

The interesting analogy between uterine myoma on the one hand, and one element in prostatic enlargement on the other, has obscured to some of us the other element in this enlargement, the inflammatory, which while playing no role in uterine myoma, is the important clinical factor in all severe cases of prostatic hypertrophy.

I hope to discuss this element at length in another place, and to show that a process which I call "milking the prostate" is an efficient measure for the relief of prostatic enlargement; at present I shall merely mention the admitted facts that suppuration in the prostatic glands (prostato-cystitis) occasions the patient acute distress, and that inflammation in the parenchyma results in the

edema and connective tissue hypertrophy which constitute much of the enlargement. That castration may cause atrophy of glands, subsidence of edema and hence relief of distress is admitted; but that it will not reduce the hypertrophied connective tissue is *a priori* probable and seems proved by at least two of the cases already reported.

If the argument were ended here, the relative merits of castration and incision might be debatable; but there is another feature which, in my opinion, makes castration as the operation for the relief of prostatic hypertrophy dangerous to the surgeon, namely, the impossibility of knowing that the cystitis is due to the apparent hypertrophy. It is well known, for example, that prostatics very often have vesical calculi which may indeed be the chief cause of suffering; and that in such bladders calculi may easily escape detection by the sound because concealed by the projecting prostate or in diverticula. I emphasize this fact because there have come to me within six months two elderly patients suffering from prolonged and severe cystitis ascribed to the undoubtedly swollen prostates, each of whom had been urged by his physician to submit to castration. Careful search with the sound revealed a calculus in one; but failed to detect in the other a small stone which was found by supra-pubic incision lying below the swollen prostate. Prolonged vesical drainage was followed by great reduction of the prostatic enlargement (evidently inflammatory) and a symptomatic cure. Imagine the status — professional and legal — of the surgeon who might have castrated either of these men, when the calculus was subsequently discovered.

A mistaken diagnosis of simple prostatic enlargement — because this is a common cause of severe cystitis — is sometimes made when the real trouble is a less familiar condition, such as cancer, papilloma, tuberculosis, or concealed stone. It seems to me, therefore, that whenever a case of real or supposed prostatic enlargement demands operative relief, this should always be an incision into the bladder; castration, if it have any place at all, must compete with prostatectomy and not with simple incision, which, in the interest of surgeon as well as patient, should precede it. The claim that double castration is safer than drainage is not, in my experience, warranted, if drainage be made by either perineal urethrotomy or supra-pubic incision in *deux temps;* the danger in cases that really demand operative interference is the anesthetic, not the knife.

The Origin of Inflammations in the Urinary Tract.

Berliner Klinisch. Wochenschrift.

According to Drs. Posner and Lewin, most purulent inflammations of the urinary organs are caused by micro-organisms introduced from without, in the majority of cases by means of a catheter. Instances, however, occur of severe cystitis and pyelonephritis where no such mode of infection is possible. The supposition has been hitherto that it might be derived from the intestinal canal, and it has been shown that the bacterium coli plays a considerable part. Experimentally, a superficial injury to the large colon has led to cystitis, pointing to a direct passage of bacteria from the intestine to the bladder. The authors endeavored to solve the question by closing up the anus and at the same time ligaturing the urethra. In all cases micro-organisms were found in the urine, while in stoppage of the urethra alone the secretion remained absolutely sterile. The organism found was almost always the gas-forming bacillus belonging to the same group as the bacterium coli. The question, then, was whether the bacteria passed directly from the distended rectum into the bladder. The possibility of this occurring was present, as well-marked peritonitis has developed from an intestinal obstruction. Further investigation proved this event to be rare, for they found the bacterium coli not only within the bladder, but in the kidneys as well, while the peritoneal fluid between the bladder and bowel was sterile. Posner and Lewin hold, therefore, that under favorable circumstances intestinal micro-organisms can be taken up by the

blood and excreted through the kidneys—a process known to be present in certain infectious diseases. They proved this possibility by injecting cultures of the bacillus prodigiosus into the intestine and finding them in the bile, blood, kidneys and urine. This would furnish an explanation of auto-infection from the intestinal canal showing itself, not only as an inflammatory affection of the genito-urinary tract, but also in other parts of the body.

J. Milner Fothergill on Cooking Starchy Food.

Daily Lancet.

In one of his popular and readable treatises on the subject of digestive disorders, this well known author says: "By cooking, starchy foods are partially digested; consequently we see that intuitively, and without the light of science, man has commenced the artificial digestion of starch when only a savage and long before the dawn of history. We at the present are emerging out of the early darkness and stepping forth in the morning light on the path to the artificial digestion of starch—by so doing economizing the body energy which would otherwise be consumed in the conversion of insoluble starch into a soluble saccharoid."

Paskola, the new medicinal food, is a completely pre-digested starch. It is more than this, for it presents albumen or meat-digesting ferments in combination with its starchy basis, and therefore insures the digestion of other foods in the stomach.

The medical profession have long recognized the want or rather the necessity of a palatable form of pre-digested starch, but until Paskola make its appearance, such a thing was not to be had.

To insure the assimilation of starch by administering it in an artificially digested condition, not only conserves energy as pointed out by Dr. Fothergill, but it practically guarantees an increase in weight. Thus it is that Paskola has met with such phenomenal success as a flesh producer, and its digestive properties make it almost a specific in many forms of gastric indigestion.

The Physician's Wife.

By Ellen M. Firebaugh, of Robinson, Ill. Published by F. A. Davis, Chicago.

The life of a country doctor is always an interesting story, but when portrayed by a doctor's wife, one who from intimate association interprets his feeling and sentiments, who has shared his ill fortunes and enjoyed his success, who from constant companionship can best understand his motives, it is a fascinating realism.

Mrs. Firebaugh, although her purpose is to commemorate the trials of a doctor's wife, is herself so true a wife that she cannot separate her own life from that of her husband. Every sentiment and every fear is but a reflection of the daily life of him with whom she is associated. The book is so true to life that every physician and every physician's wife should read it.

That Trip East

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Inquire of nearest agent, or address G. T. Nicholson, G. P. A. Santa Fe Route, Monadnock building, Chicago.

THE Kansas Medical College graduated eight students this week, and of this number two have located in Topeka. The others have all secured locations in various parts of the State.